



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

WILLIAM T FUJIOKA
Chief Executive Officer

December 20, 2011

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

19 December 20, 2011

Sachi A. Hamai
SACHI A. HAMAI
EXECUTIVE OFFICER

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

APPROVAL OF LACERA MEDICARE PART B PREMIUM REIMBURSEMENT PROGRAM FOR 2012 (ALL DISTRICTS) (3-VOTES)

SUBJECT

Recommendation to approve County reimbursement of retiree Medicare Part B premiums for retirees who are enrolled in a Los Angeles County Employees Retirement Association (LACERA) administered Medicare Risk HMO or Medicare Supplement Plan in 2012.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Renew for the 2012 calendar year, County reimbursement of Medicare Part B premiums for retirees who are enrolled in a LACERA administered Medicare Risk HMO or Medicare Supplement Plan. Beginning January 1, 2007, Medicare instituted a means test that imposes additional Part B premiums on higher income individuals. This recommendation does not intend that the County reimburse any additional costs for persons affected by the means test.
2. Instruct the Chief Executive Officer to report back to your Board prior to January 1, 2013 with recommendations regarding Part B reimbursement policy for the 2013 calendar year.
3. Reaffirm your Board's right to change or terminate the Medicare Part B premium reimbursement program at any time if it ceases to be cost effective.

"To Enrich Lives Through Effective And Caring Service"

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PURPOSE/JUSTIFICATION OF THE RECOMMENDED ACTION

Since 1992, the County has sponsored retiree health insurance plans designed to encourage retirees to fully participate in the Federal Medicare program. This has included reimbursing retirees for the cost of participating in Medicare Part B in those instances where the retiree has enrolled in one of the Medicare Risk HMOs or the Medicare Supplement Plan administered by LACERA. By prior Board direction, reimbursing retirees for the cost of Medicare Part B requires an annual determination that the program remains cost effective. The purpose of the recommended action is to affirm that such determination has been made and to obtain your Board's authorization to continue the program through calendar year 2012.

Reimbursing retirees for participation in Medicare Part B is necessary in the absence of a policy requiring participation. Mandatory participation is one among many topics we plan to discuss in our continuing discussions with LACERA as a means of reducing future health care costs.

Background

The County pays a subsidy toward the cost of retiree health insurance based on each retiree's length of active County service. The subsidy equals four percent of the cost of the coverage chosen by the retiree for each year of service, if the retiree has a minimum of ten years of service. No subsidy is paid with less than ten years of service. For example, a retiree with the minimum ten years of service receives a subsidy of 40 percent of premium costs and a retiree with 25 years of service receives a subsidy of 100 percent of the benchmark premium costs. In no event, however, may the subsidy exceed the subsidy payable for the LACERA benchmark plans currently known as "Anthem Blue Cross I and II." These plans have identical premiums which set a cap on the subsidy. Within these limitations, the subsidy amount covers the cost of coverage for the retiree and any eligible dependents.

The menu of County sponsored LACERA administered retiree health plans includes Medicare Risk HMOs and a Medicare Supplement Plan. A Medicare Risk HMO is an HMO in which participants have assigned over all rights to Medicare Parts A and B to the HMO. The participant effectively agrees to receive all of his or her medical care from the HMO and to waive any right to use Medicare benefits outside the HMO. In exchange, Medicare agrees to pay the HMO a monthly "capitation" fee on behalf of the participant. That fee defrays much of the cost of the HMO coverage. The reduction in cost is passed on to the retirees and the County in the form of lower premiums and lower County subsidies.

A Medicare Supplement Plan is an indemnity plan that complements Medicare benefits. Medicare becomes the primary payer, meaning Medicare pays first on each claim. A Medicare Supplement Plan essentially picks up where Medicare leaves off within the limitations set forth by Medicare.

LACERA currently administers three Medicare Risk HMOs and one Medicare Supplement Plan. The HMOs are "Kaiser Senior Advantage," "SCAN," and "UnitedHealthcare/Secure Horizons." The Medicare Supplement Plan is "Anthem Blue Cross III." There are an estimated 24,400 County retirees enrolled in these plans (including dependents).

Medicare Parts A and B

The Medicare Risk HMOs and the Medicare Supplement Plan require the eligible retirees to be enrolled in Medicare Parts A and B. Part A covers hospitalization costs and Part B covers physician services and other ancillary items such as laboratory testing and durable medical equipment. Part A coverage is earned by working the required Social Security quarters and Part B must be purchased by eligible participants.

For 2012, all Medicare Part B participants will pay \$99.90 per month for this coverage. Prior to 2012, Medicare Part B premiums were \$96.40, \$110.50, or \$115.40 depending on the year the participant entered the program. Therefore, some Medicare Part B retirees will see an increase in their rates, while others will see a decrease.

The County covers the standard Part B premium for retirees and dependent participants in the Medicare HMOs and Medicare Supplement plan.

Income-Related Medicare Part B Premium

As part of the Medicare Modernization Act, effective January 2007, Medicare Part B premiums are now income or means tested. Medicare means testing imposes higher Part B premiums on higher income people on a graduated basis beginning with retirement incomes over \$85,000 per annum.

The standard Part B premium does not apply to individuals subject to the means testing, therefore, they are required to pay the higher Part B standard premium plus the means tested amount taking effect on January 1, 2012. Under the County's current Part B reimbursement policy, only the standard Part B premiums are reimbursed. We are recommending no change in that policy.

Annual Re-evaluation Is Necessary

The decision to pick-up Medicare Part B premiums is essentially an annual determination that considers, among other things, changes to the Part B program and premium costs. From the inception of the Part B reimbursement program in 1992, the County has reimbursed the full cost of the standard Part B premium for any retiree who has enrolled in a Medicare Risk HMO and the Medicare Supplement Plan. The justification advanced to your Board in 1992, and we believe is still valid today, validates that the cost of the Part B coverage is more than offset by the reduction in premiums for the Medicare Part B program.

The 1992 Board action originally provided for reimbursement of the Part B premium through 1995. This included any late enrollment penalties imposed by Medicare for retirees who enrolled prior to May 1993. The 1992 Board action also provided for an annual cost justification from 1996 forward. Under the original authorization, the program is subject to change or cancellation at the discretion of the Board. It may be continued only "if cost savings are realized." That requirement has been reaffirmed in all subsequent Board authorizations of this program, and should be considered reaffirmed in these recommendations as well.

Recommended Pick-Up of January 1, 2012 Part B Premium

The additional County cost of picking up the basic 2012 Medicare Part B premium would cost an additional \$500,000 per year for a total of \$37.5 million per annum (all funds). The key question at this point is whether spending this amount will save more than it costs. In other words, is spending \$37.5 million prudent to retain the current level of participation in the Medicare Risk HMOs or the Medicare Supplement Plan, and thereby avoiding more than \$37.5 million in higher subsidy costs that could be caused by a possible reverse migration out of these plans? We believe it is.

Eliminating the Part B reimbursement would likely cause a majority of the participants in the Part B Reimbursement program to change their current coverage in favor of higher cost LACERA plans. Of the estimated 24,400 eligible participants currently in the program, approximately 15,000 are receiving a 100 percent County subsidy because they have 25 or more years of County service. These individuals could enroll in almost any LACERA health plan and have the full premium paid by the County up to the aforementioned maximum subsidy limit established by the Anthem Blue Cross I and II Plans. They could do this with no obligation to purchase Part B coverage.

Although there is no way to be certain what the costs of the retiree health insurance program would be in the absence of this incentive, Buck Consultants, an independent actuarial consulting firm, believes the likely impact on either eliminating the Part B reimbursement program or freezing the level of reimbursement at the 2011 levels would be an increase in overall County costs ranging from approximately \$24.5 million to \$48.9 million per annum. This would be in addition to the projected annual expenditures of \$37.5 million estimated for 2012. A copy of Buck Consultant's analysis is included in Attachment I.

LACERA independently employed the firm of Mercer to review this issue. Mercer concurs that overall County costs for retiree health care would be dramatically higher in the absence of the Part B reimbursement program. A copy of Mercer's analysis is included in Attachment II.

Attachments III through VIII provide additional information on the difference in current retiree costs and benefit coverage between the Kaiser Senior Advantage and Anthem Blue Cross III plans, and the alternative non-Medicare related Kaiser Excess I, and Anthem Blue Cross I and II Plans. The populations in Kaiser Senior Advantage and Anthem Blue Cross III represent over 90 percent of the total Medicare Part B reimbursement program participants.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended action supports the County's Strategic Plan Goal of fiscal responsibility.

FISCAL IMPACT

The recommended action would result in additional Medicare Part B reimbursement costs of approximately \$500,000 per year (all funds). However, the costs of not approving the recommendation could be much greater.

FACTS AND PROVISIONS

The recommended continuance of the Part B reimbursement would take effect on January 1, 2012 and be initially reflected in LACERA retiree warrants issued on December 31, 2011.

The Honorable Board of Supervisors
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The amount reimbursed will include any late enrollment penalties paid by retirees who enrolled during the special open enrollment period prior to May 1993.

The Chief Executive Officer will report back prior to January 1, 2013 with additional recommendations relating to Part B reimbursement policy for the 2013 calendar year.

Respectfully submitted,



WILLIAM T FUJIOKA
Chief Executive Officer

WTF:BC:JA
MTK:WW:mSt

Attachments (8)

c: LACERA
Auditor-Controller
County Counsel



A Xerox Company

November 17, 2011

Mr. Wayne Willard
County of Los Angeles
Chief Administrative Office
526 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Re: Expected Impact of Modifying the Part B Reimbursement for Retirees

Dear Wayne:

This letter presents Buck Consultants LLC's (Buck's) analysis of the expected cost impact of modifying the current County practice of reimbursing retirees and their dependents for the Medicare Part B premium. This encourages retirees to enroll in the Blue Cross III Medicare Supplement Plan or in one of the Medicare plans offered by the HMO plans.

Based on our analysis, we believe that it is in the County's interest to continue the current program to reimburse retirees for their basic Part B premium but not to cover the additional means tested Part B premium that became effective January 2007. This means that the County would not pay for the additional means tested amount that Medicare will charge to high income participants. Deciding not to pay the Part B premium would cost the County between \$24.5 and \$48.9 million for 2012.

Under our analysis, we developed the expected cost impact to the County under two scenarios. In the first, the County elects to freeze the Medicare Part B reimbursement at the current level (\$96.40 per month for those who reached Medicare eligibility in 2009 and pay the premium through their Social Security check or earlier, \$99.90 for all other Medicare eligible retirees). In the second, the County elects to suspend the reimbursement of the Part B premium in total. In both scenarios, we have assumed that the County will not cover the additional means tested Part B premium that became effective January 2007.

In our analysis, we have assumed that LACERA will still elect to offer the Blue Cross Plan III and the various Medicare Advantage plans regardless of whether or not the County elects to continue to pay the Part B premiums. This decision is to the financial advantage of the retirees, particularly to those with less than 25 years of service at retirement.

For example, a retiree who is Medicare Eligible and has 15 years of service at retirement pays a monthly premium of \$134.87 under the Blue Cross Plan III, but would pay \$356.60 under the Blue Cross Plan II, or an increase of \$221.73 per month. Even if this individual had to pay the 2012 Part B premium of \$99.90 he would still pay \$121.83 less per month by remaining in the Blue Cross Plan III, or a savings of \$1,461.96 per year as compared to dropping Part B coverage and electing the Blue Cross Plan II.

Of the approximately 24,400 participants in a Medicare Advantage or the Blue Cross III plan, 9,780 have less than 25 years of service and as such are paying some of the cost of the medical plan they elect. Keeping these plans in place for these members makes financial sense for the County and the retired members.

In developing our analysis, we focused strictly on these 24,400 participants. In the first scenario, we assumed that the County freezes the Medicare Part B reimbursement at the lesser of the current premium amount of \$94.60 or the 2012 premium of \$99.90 per month. This change is different from the freeze scenario in prior years because the Part B premium actually decreased on 2012 as compared to the premium for 2011. In addition, for those individual who are paying a penalty for late enrollment, the penalty reimbursement remains frozen at the amount of penalty reimbursed in 2011. Based on the current average monthly reimbursement of \$137 per retired participant and the relative mix of retirees who are currently being reimbursed at the higher 2011 Part B premium amount, the expected reimbursement for 2012 would be remain at \$137 if the County continued its current practice. Freezing the contributions at the current levels means that on average retirees would pay between \$0 and \$3.50 per month in Part B premiums, depending on whether their Part B premiums are frozen at the current levels.

In determining whether a retiree would elect to pay the additional Part B premium and remain in the current Blue Cross III or Medicare Advantage plan, we compared the difference in premium paid by the retiree for their current plan plus the additional Part B premium to the medical premium payment for a non-Medicare Plan. For this analysis, individuals in the Blue Cross III and SCAN HMO plans were compared to the Blue Cross II plan and those in CIGNA, Kaiser, and PacifiCare were compared to the available non-Medicare option for the particular HMO.

We then developed the cost impact of three election alternatives:

- **Maximum cost impact** – if the retiree cost of the current medical plan plus the additional Part B premium is less than the cost of the applicable non-Medicare plan, the retiree remains in their current plan. If the retiree cost of the current medical plan plus the additional Part B premium is greater than or equal to the cost of the applicable non-Medicare plan, the retiree moves to the non-Medicare plan.
- **Minimum cost impact** – the additional per month average Part B payment does not cause any movement in plans; retirees remain in their current plans.
- **Expected cost impact** – this represents our expected outcome. For those where the retiree cost of the current medical plan plus the additional Part B premium is less than the cost of the applicable non-Medicare plan, the retiree remains in their current plan. If the retiree cost of the current medical plan plus the additional Part B premium is greater than or equal to the cost of the applicable non-Medicare plan, then 50% of the retirees move to the non-Medicare plan and the other 50% remain in their current plans.

In the first scenario, the cost impact to the County ranges from an additional \$98.7 million under the maximum cost impact scenario, a savings of \$0.8 million under the minimal cost impact and a cost of \$48.9 million under the expected cost scenario. In the second scenario, we assumed that the County elects to suspend the reimbursement of the Part B premium in total. This means that on average, the retirees would have to pay an additional \$137 per month in Part B premiums and penalties to remain in their current plans.

In determining whether a retiree would elect to pay the additional Part B premium and remain in the current Blue Cross III or Medicare Advantage plan, we compared the difference in premium paid by the retiree for their current plan plus the additional Part B premium to the medical premium payment for a non-Medicare Plan. Individuals in the Blue Cross III and SCAN HMO plans were compared to the Blue Cross II plan and those in CIGNA, Kaiser, and PacifiCare were compared to the available non-Medicare option for the particular HMO. We then developed the cost impact of the same three election alternatives as in the first scenario.

Mr. Wayne Willard
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In the second scenario, the cost impact to the County ranges from an additional \$89.3 million under the maximum cost impact scenario, a savings of \$40.2 million under the minimal cost impact and a cost of \$24.5 million under the expected cost scenario. The cost is less under this scenario because the County is no longer paying the Part B premium amounts. The attached exhibit summarizes the results of our analysis for both scenarios.

After your review, if you have any questions or comments, please give me a call and we can discuss.

Sincerely,

A handwritten signature in black ink, appearing to read 'Michael W. Schionning', with a long horizontal flourish extending to the right.

Michael W. Schionning, F.S.A., M.A.A.A.
Principal & Consulting Actuary

County of Los Angeles
 Cost Impact of Modifying the Part B Reimbursement Policy
 Medicare Eligible Participants Only
 Calendar Year 2012

	<i>Scenario 1 - Freeze at 2011 Levels</i>			<i>Scenario 2 - No Part B Reimbursement</i>		
	<u>Current</u>	<u>Maximum</u>	<u>Minimum</u>	<u>Maximum</u>	<u>Minimum</u>	<u>Expected</u>
Blue Cross	\$47,765,969	\$81,635,460	\$47,437,117	\$76,204,316	\$32,004,686	\$54,104,501
CIGNA	\$416,031	\$414,655	\$414,655	\$350,043	\$350,043	\$350,043
Kaiser	\$50,992,533	\$114,825,478	\$50,556,838	\$105,533,737	\$30,089,118	\$67,811,428
SCAN	\$1,510,550	\$2,527,240	\$1,498,481	\$2,236,805	\$931,503	\$1,584,154
PacificCare	\$8,789,677	\$8,728,609	\$8,728,609	\$14,424,281	\$5,859,801	\$10,142,041
Total	\$109,474,759	\$208,131,443	\$108,635,700	\$198,749,182	\$69,235,151	\$133,992,166
Cost/(Savings)		\$98,656,684	(\$839,059)	\$89,274,423	(\$40,239,608)	\$24,517,407

Note: In Scenario 1, "Freeze at 2011 Levels" means that the Part B premium is the lower of the current reimbursement or the new 2012 Part B premium of \$99.90 per month.

Laurie Silva
Principal



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Cassandra Smith
Director Health Care Benefits Program
LACERA
300 N. Lake Avenue, Suite. 300
Pasadena, CA 91101

November 2, 2011

Subject: Medicare Risk Savings Projections – Update with Release of 2012 Part B Premium

Dear Cassandra:

Attached are the Medicare Risk savings projections to evaluate the 2011/2012 cost effectiveness of the County offering Medicare Risk plans and subsidizing Medicare Part B premiums for LACERA retirees and dependents enrolling in those plans.

For 2010 and 2011, a Hold Harmless provision in the Medicare law prohibits year-to-year reductions in Social Security (SS) benefits caused solely by higher Medicare Part B premiums. The law keeps the Part B premium flat for those who have Part B premiums deducted from their SS checks. Those that did not have Part B taken from their SS checks, as well as new entrants to Medicare had their Part B premium increased in 2010 and 2011. For 2012, standard Medicare Part B premiums will decrease to \$99.90, down from \$115.40 in 2011. Almost all beneficiaries will pay the updated \$99.90 premium in 2012 including those from 2010 and 2011 who were paying Part B premiums of \$96.40 or \$110.50 due to the Hold Harmless provision.

Because LACERA has a number of health plan options, we have included four "migration scenarios" for each analysis. Each has a different set of assumptions of where the retirees might enroll if the County did not offer Medicare Risk plans and subsidize Medicare Part B premiums for enrollees who participate in those plans.

Under all analyses and scenarios, it is in the County's financial interest to continue offering Medicare Risk plans and subsidizing Part B premiums for enrollees in those plans.

Background about the Part B Premium

Medicare Part B Premium

The Medicare Part B premium as of January 1, 2011 is \$115.40. Actual rates paid by Medicare members reflect a mix of rates due to the hold harmless provisions in effect for 2010 and 2011.

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November 2, 2011
Cassandra Smith
LACERA

Since the hold harmless provision will no longer apply for the majority of retirees in 2012, existing Retirees who have Part B withheld from their SS, as well as new entrants to Medicare in 2012 and those who do not have their Part B withheld will pay the revised premium of \$99.90.

The County covers the Part B premium for retiree and dependent participants in the Medicare Risk HMOs and Plan III. There are approximately 24,500 retirees in such plans. According to the Medicare Part B Reimbursement and Penalty Report for the pay period 09/30/2011, the average amount paid for retirees, dependents and penalties is approximately \$127.53 per retiree.

Income-Related Medicare Part B Premium

As part of the Medicare Modernization Act, effective January 2007, Medicare Part B premiums will be income tested. Currently, the Medicare Part B premium is set at 50% of the monthly actuarial rate (MAR). The MAR represents 50% of the cost of Part B benefits. Therefore, the standard Medicare Part B premiums cover about 25% of the cost for Part B expenditures. Effective January 2007, individuals over a certain income level will pay more than the 25% target premium. Our model assumes that the County will not reimburse the means-tested amounts of the Part B premiums. It also assumes that the County will pay only for the standard Medicare Part B premium (amounts which depend on what year the retiree became eligible for Medicare) and the late penalties for those who enrolled when the reimbursement plan was first introduced.

Projection Methodology

In this projection, the savings is determined by comparing LACERA's current total plan cost (medical, dental, and Part B premium) with the projected total cost if there were no Medicare Risk plan offerings. The projected costs are based upon migration of Risk participants into non-Risk plans and the removal of the Part B premium. The County's contributions are based upon years of service. For the 2011/2012 policy period, we estimate them to be 90.20% of the total cost. This factor is applied to the premium to split the County and retiree portions.

Projection A – Migration Assumptions

This projection assumes that all Medicare HMO Risk participants move from their current HMO Risk plan into the corresponding HMO's non-Risk plan; that the Kaiser Senior Advantage participants migrate to the Kaiser Excess plan; and that the Scan and Plan III participants migrate to Plan II. In addition, Projection A assumes that the County will stop paying the Part B premium for all members. Under this scenario LACERA will have saved approximately \$181.06 million in total medical cost.

Projection B – Migration Assumptions

This projection assumes that all Medicare HMO Risk participants migrate from their current HMO Risk plans to Plan II; that Plan III enrollment remains unchanged; and that the County will continue to pay the Part B premium for Plan III participants. Under this scenario LACERA will have saved approximately \$114.01 million in total medical cost.

Projection C – Migration Assumptions

This projection assumes that the Medicare HMO Risk participant migration is split 50/50 between Plan II and Plan III; that Plan III enrollment remains unchanged; and that the County will continue to pay the Part B premium for Plan III participants. Under this scenario LACERA will have saved approximately \$66.56 million in total medical cost.

Projection D – Migration Assumptions

This projection assumes that the Medicare HMO Risk and Plan III participants migrate to Plan II, and that the County will stop paying the Part B premium for all members. Under this scenario LACERA will have saved approximately \$176.49 million in total medical cost



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November 2, 2011
Cassandra Smith
LACERA

Summary of Findings

Based upon our analysis, there continues to be savings from the Part B reimbursement programs and having Medicare eligible members enroll in Medicare HMO's or Plan III.

Please call me at (213) 346-2248 if you have any questions or would like to discuss any of these projections.

Sincerely,

A handwritten signature in cursive script that reads "Laurie J. Silva".

Laurie J Silva
Principal

Copy:
E. Clayton Levister, III - Mercer
Stephanie Kop - Mercer

Attachments:

- Migration assumptions

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**Los Angeles County Employees Retirement Association
Medicare Risk - Medicare Supplemental - Prudent Buyer
Premium Projections as of July 1, 2011
All Carriers Combined**

July 1, 2011 through June 30, 2012				
	Migration A	Migration B	Migration C	Migration D
Current Plan Cost (w/Part B Subsidy)				
County Share	\$409,508,807	\$409,508,807	\$409,508,807	\$409,508,807
Member Share	<u>\$44,483,965</u>	<u>\$44,483,965</u>	<u>\$44,483,965</u>	<u>\$44,483,965</u>
Total	\$453,992,773	\$453,992,773	\$453,992,773	\$453,992,773
Assumed Plan Cost (w/Migration and Benefit Options)				
County Share	\$572,829,611	\$512,347,152	\$469,545,923	\$568,708,292
Member Share	<u>\$62,225,115</u>	<u>\$55,655,050</u>	<u>\$51,005,654</u>	<u>\$61,777,426</u>
Total	\$635,054,726	\$568,002,201	\$520,551,577	\$630,485,718
Annual Cost / (Savings)				
County Share	-\$163,320,803	-\$102,838,344	-\$60,037,116	-\$159,199,484
Member Share	<u>-\$17,741,149</u>	<u>-\$11,171,084</u>	<u>-\$6,521,689</u>	<u>-\$17,293,460</u>
Total	-\$181,061,953	-\$114,009,428	-\$66,558,804	-\$176,492,945
Percentage Difference				
County Share	-28.51%	-20.07%	-12.79%	-27.99%
Member Share	<u>-28.51%</u>	<u>-20.07%</u>	<u>-12.79%</u>	<u>-27.99%</u>
Total	-28.51%	-20.07%	-12.79%	-27.99%

Notes:

Part B Premiums:

Assumes all current members Part B reimbursement is \$99.90 for 2012

(1) Migration A:

PacifiCare and CIGNA Risk members move to the PacifiCare and CIGNA non-Risk HMOs
Kaiser Risk members move to the Kaiser Excess plan
Plan III and Scan members move to Plan II
County stops paying Part B premium for all members

(2) Migration B:

PacifiCare, CIGNA, Kaiser, and Scan members move to Plan II
Plan III members stay in Plan III
County continues to pay Part B premium for Plan III members

(3) Migration C:

PacifiCare, CIGNA, Kaiser, and Scan members move to Plan II and Plan III
Plan III members stay in Plan III
County continues to pay Part B premium for Plan III members

(4) Migration D:

PacifiCare, CIGNA, Kaiser, Scan and Plan III members move to Plan II
County stops paying Part B premium for all members

ATTACHMENT III

KAISER MEDICARE AND NON-MEDICARE HEALTH PLAN RATE COMPARISON (BASED ON JULY 1, 2011 TO JUNE 30, 2012 RATES)

RETIREE ONLY

MEDICARE RISK HMO					HMO					
KAISER SENIOR ADVANTAGE (Assigned both Parts A & B)					Kaiser Excess I (Assigned only Part A)					
MAXIMUM COUNTY SUBSIDY FOR ALL PLANS	2012 MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM	MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM
10 YOS (40%)	\$356.60	\$89.47	\$189.37	\$134.21	\$223.68	\$99.90	\$89.47	\$348.67	\$523.01	\$871.68
15 YOS (60%)	\$534.91	\$134.21	\$234.11	\$89.47	\$223.68	\$99.90	\$134.21	\$523.01	\$348.67	\$871.68
20 YOS (80%)	\$713.21	\$178.94	\$278.84	\$44.74	\$223.68	\$99.90	\$178.94	\$697.34	\$174.34	\$871.68
25 YOS (100%)	\$891.51	\$223.68	\$323.58	\$0.00	\$223.68	\$99.90	\$223.68	\$871.68	\$0.00	\$871.68

ATTACHMENT IV

KAISER TWO-PARTY MEDICARE HEALTH PLAN RATE COMPARISON (BASED ON JULY 1, 2011 TO JUNE 30, 2012 RATES) RETIREE AND SPOUSE *

	KAISER SENIOR ADVANTAGE (Retiree & Spouse Assigned both Parts A & B)					Kaiser Excess I (Retiree & Spouse Assigned only Part A)				
	2012 MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM	MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM
MAXIMUM COUNTY SUBSIDY FOR ALL PLANS										
10 YOS (40%)	\$199.80	\$177.74	\$377.54	\$266.62	\$444.36	\$0.00	\$643.56	\$643.56	\$1,096.80	\$1,740.36
15 YOS (60%)	\$199.80	\$266.62	\$466.42	\$177.74	\$444.36	\$0.00	\$965.35	\$965.35	\$775.01	\$1,740.36
20 YOS (80%)	\$199.80	\$355.49	\$555.29	\$88.87	\$444.36	\$0.00	\$1,287.13	\$1,287.13	\$453.23	\$1,740.36
25 YOS (100%)	\$199.80	\$444.36	\$644.16	\$0.00	\$444.36	\$0.00	\$1,608.91	\$1,608.91	\$131.45	\$1,740.36

* Based on Anthem Blue Cross I and II subsidy cap applicable to family coverage. Indicated Kaiser costs apply to retiree and one or more dependents.

ATTACHMENT V

ANTHEM BLUE CROSS MEDICARE AND NON-MEDICARE HEALTH PLAN RATE COMPARISON (BASED ON JULY 1, 2011 TO JUNE 30, 2012 RATES) RETIREE ONLY

	MEDICARE SUPPLEMENT					INDEMNITY PLAN				
	ANTHEM BLUE CROSS III (Assigned both Parts A & B)					ANTHEM BLUE CROSS I (MEDICARE NOT REQUIRED)				
	2012 MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM	ANTHEM BLUE CROSS II (MEDICARE NOT REQUIRED)
MAXIMUM COUNTY SUBSIDY FOR ALL PLANS										
10 YOS (40%)	\$99.90	\$134.87	\$234.77	\$202.30	\$337.17	\$356.60	\$356.60	\$534.91	\$891.51	\$891.51
15 YOS (60%)	\$99.90	\$202.30	\$302.20	\$134.87	\$337.17	\$534.91	\$534.91	\$356.60	\$891.51	\$891.51
20 YOS (80%)	\$99.90	\$269.74	\$369.64	\$67.43	\$337.17	\$713.21	\$713.21	\$178.30	\$891.51	\$891.51
25 YOS (100%)	\$99.90	\$337.17	\$437.07	\$0.00	\$337.17	\$891.51	\$891.51	\$0.00	\$891.51	\$891.51

ATTACHMENT VI

ANTHEM BLUE CROSS TWO-PARTY MEDICARE HEALTH PLAN RATE COMPARISON (BASED ON JULY 1, 2011 TO JUNE 30, 2012 RATES) RETIREE AND SPOUSE

	ANTHEM BLUE CROSS III (Retiree & Spouse Assigned both Parts A & B)					ANTHEM BLUE CROSS I OR II (MEDICARE NOT REQUIRED)				
	2012 MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM	MEDICARE PART B SUBSIDY	ACTUAL COUNTY SUBSIDY	TOTAL COUNTY COST	RETIREE COST	TOTAL INSURANCE PREMIUM
	10 YOS (40%)	\$643.56				\$0.00	\$643.56	\$643.56	\$965.35	\$1,608.91
	15 YOS (60%)	\$965.35				\$0.00	\$965.35	\$965.35	\$643.56	\$1,608.91
	20 YOS (80%)	\$1,287.13				\$0.00	\$1,287.13	\$1,287.13	\$321.78	\$1,608.91
	25 YOS (100%)	\$1,608.91				\$0.00	\$1,608.91	\$1,608.91	\$0.00	\$1,608.91

ATTACHMENT VII

KAISER MEDICARE AND NON-MEDICARE HEALTH PLAN BENEFITS COMPARISON

		MEDICARE RISK HMO	
		Kaiser Senior Advantage (Assigned both Parts A & B)	Kaiser Excess I (Assigned only Part A)
Expenses			
Calendar Year Deductibles	None		
Annual Maximum Out-of-Pocket Expenses	Max Co-payments of: \$1,500 – Individual \$3,000 - Family		
Lifetime Maximum Benefits	Unlimited		
Hospital Benefits			
Room and Board	No charge		
Surgical Services	No charge	No charge for inpatient; \$5 copay for outpatient	
Hospital Services and Supplies	No charge		
Emergency Benefits			
Inpatient	\$5 copay; waived if admitted	No charge	
Outpatient	\$5 copay; waived if admitted		
Ambulance	No charge for emergency		
Outpatient Benefits			
Doctor's Office Visit	\$5 copay		
Preadmission x-ray and lab tests	No charge		
Routine checkups	\$5 copay		
Immunizations	No charge		
Outpatient Surgical services	\$5 copay per procedure		
Physical Therapy	\$5 copay		
Speech Therapy	\$5 copay		
Prescription Drugs	\$7 copay for up to 100-day supply, covers dental prescriptions		
Vision/Hearing Care Benefits			
Eye Exams	\$5 copay		
Lenses	Eyewear purchased from plan optical sales offices every 24 months; \$150 allowance	Not covered	
Frames	Eyewear purchased from plan optical sales offices every 24 months; \$150 allowance	Not covered	
Hearing Exams	\$5 copay		
Hearing Aids	Not covered		
Durable Medical Equipment	Covered	Not covered	

ATTACHMENT VIII

BLUE CROSS MEDICARE AND NON-MEDICARE HEALTH PLAN BENEFITS COMPARISON

	MEDICARE SUPPLEMENT	INDEMNITY PLAN	
	ANTHEM BLUE CROSS III (Assigned both Parts A & B)	ANTHEM BLUE CROSS I (Medicare not required)	ANTHEM BLUE CROSS II (Medicare not required)
Expenses			
Calendar Year Deductibles	None	\$100 individual, \$100 family	\$500 individual; \$1,500 family
Annual Maximum Out-of-Pocket Expenses	None	N/A	\$2,500 including deductible
Lifetime Maximum Benefits	Unlimited	\$1,000,000	\$1,000,000
Hospital Benefits			
Room and Board	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$75/day \$150/day special care unit	90% PPO hospital; 80% non-PPO
Surgical Services	Plan pays all Medicare inpatient deductibles for approved Medicare days	According to schedule + 80% of balance	80%
Hospital Services and Supplies	Plan pays all Medicare inpatient deductibles for approved Medicare days	100%	90% PPO hospital; 80% non-PPO hospital
Emergency Benefits			
Inpatient	Plan pays all Medicare inpatient deductibles for approved Medicare days	\$75/day \$150/day special care unit	90% PPO hospital; 80% non-PPO hospital
Outpatient	20% of Medicare approved charges	100% at a hospital only	80%
Ambulance	20% of Medicare approved charges	80% for transportation to first hospital where care is given	80% for transportation to first hospital where care is given
Durable Medical Equipment	Covered	80% for covered, medically necessary medical equipment after deductible met	80% for covered, medically necessary medical equipment after deductible met

ATTACHMENT VIII (Continued)

BLUE CROSS MEDICARE AND NON-MEDICARE HEALTH PLAN BENEFITS COMPARISON

	MEDICARE SUPPLEMENT	INDEMNITY PLAN	
	ANTHEM BLUE CROSS III (Assigned both Parts A & B)	ANTHEM BLUE CROSS I (Medicare not required)	ANTHEM BLUE CROSS II (Medicare not required)
Outpatient Benefits			
Doctor's Office Visit	20% of Medicare approved charges	80%	
Preadmission x-ray and lab tests	20% of Medicare approved charges	100%	
Routine checkups	Not covered except for dependent children under age 17	\$25 copay; covered in-network only; maximum \$250	\$25 copay; covered in-network only; maximum \$250
Immunizations	Not covered except for dependent children under age 17	Not covered except for dependent children under age 17	
Outpatient Surgical services	20% of Medicare approved charges	100%	100% (80% hospital facility fees)
Physical Therapy	20% of Medicare approved charges	80% in accordance with requirements	
Speech Therapy	20% of Medicare approved charges	80% in accordance with requirements	
Prescription Drugs	80% in-network, 60% out-of-network; \$10 generic/\$30 brand/\$50 non-preferred brand/\$150 specialty copay for mail order for 90-day supply		
Vision/Hearing Care Benefits			
Eye Exams	Not covered	Covered after accident only	
Lenses	Not covered unless 1st lens after eye surgery	Covered after accident and after eye surgery	
Frames	Not covered unless after eye surgery	Covered after accident or after eye surgery only	
Hearing Exams	One per year; 80%	Covered after accident only	
Hearing Aids	50% up to \$300 lifetime maximum	Covered after accident only	